TVSEF Human Subjects Form (TVSEF-4A)

Required for all research involving humans.

Student's Name:						
Tit	e of Project:					
То	be completed by Student Researcher	: (All questions are applicable and mu	st be answered):			
		uman subjects are proposed or necessary for this research:				
2)	Describe and assess any potential risk	(physical, psychological, social, legal or c	other):			
3)	Describe consent procedures to be follo	scribe consent procedures to be followed (attach sample of completed form to be used):				
4)) Describe procedures to minimize risk:					
5)	Describe benefits to the individual or society:					
6)	Explain how the benefits exceed the ris	ks:				
(Ri	be completed by TVSEF SRC <u>prior</u> to sk includes but is not limited to exerc vacy.)	experimentation: ise, ingestion, physical and emotional	stress, and invasion of			
	Minimal risks involved:					
□ Sn	Unaccepatble risks involvedecify position:	Project must be revised.				
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SR	.C/IRB Signature	Psychologist/Medical/Nurse	Date of Approval			
NC	TE: Tests or questionnaires of any the SRC.	type must be attached to the Research	n Plan and be reviewed by			

TVSEF Human Subjects Informed Consent Form* (TVSEF-4B)
Required of all subjects involved in a student science project (see TVSEF SRC Rules).
These forms do not need to be turned in to the Tri-Valley Science and Engineering Fair.
They should be kept by the student researcher.

* Use a separate form for each test subject.

То	be completed by Student Researc	her:				
	mplete this section before making consent form.	ppies for your human subjects. Your su	bjects may not sign a blank			
Stu	udent Researcher's Name:					
Title of Project:						
1)	What are the research procedure	s in which the subject will be involve	ed?			
2)		s or risks that may reasonably be ex point #2 in the TVSEF SRC Rules for				
3)	What procedures will be used to	minimize the risks described in #2 al	bove?			
4)	If this is a survey project, has the	supervising teacher reviewed our s	urvey questions with you?			
		JECT <u>PRIOR</u> TO EXPERIMENTATION				
	"I have read and understand the conditions stated above, and I consent to participate in this research procedure.I realize that I am free to withdraw my consent and to withdraw from this activity at any time."					
	"I consent to use of visual images such as photographs, videographs) involving my participation in this research project." (optional)					
 Pa	rticipant's Printed Name	Signature	Date of Signature			
lf p	participant is under 18 years old, a	parent/guardian signature is require	d			
Parent/Guardian Printed Name		Signature	 Date of Signature			